ALBERTA PANDEMIC CRIMINAL DOSSIER

Compiled April 2025 | Based on Official Government Reports, Court Rulings, and Legal Analysis

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I. Executive Summary

This dossier presents legally-supported evidence that the COVID-19 response in Alberta;

spanning both the Kenney and Smith governments;

crossed the threshold from policy failure into criminal territory.

Using official task force reports, legal rulings, internal government communications, and FOI data, this document demonstrates a sustained pattern of deception, suppression, and coercive governance. It constitutes grounds for criminal investigation under Canadian law.

II. Legal Foundations of Criminal Allegation

- Criminal Negligence Causing Bodily Harm or Death (Criminal Code of Canada s.219-221)

- Abuse of Office / Breach of Public Trust

- Obstruction of Justice

- Unlawful Use of Authority (Ultra Vires)

- Violation of Charter Rights (Section 7 – Life, Liberty, Security)

Criminal Code s.219(1): Criminal Negligence

“Everyone is criminally negligent who, in doing anything, or in omitting to do anything that it is his duty to do, shows wanton or reckless disregard for the lives or safety of other persons.”

Criminal Code s.180(1)(b): Common Nuisance

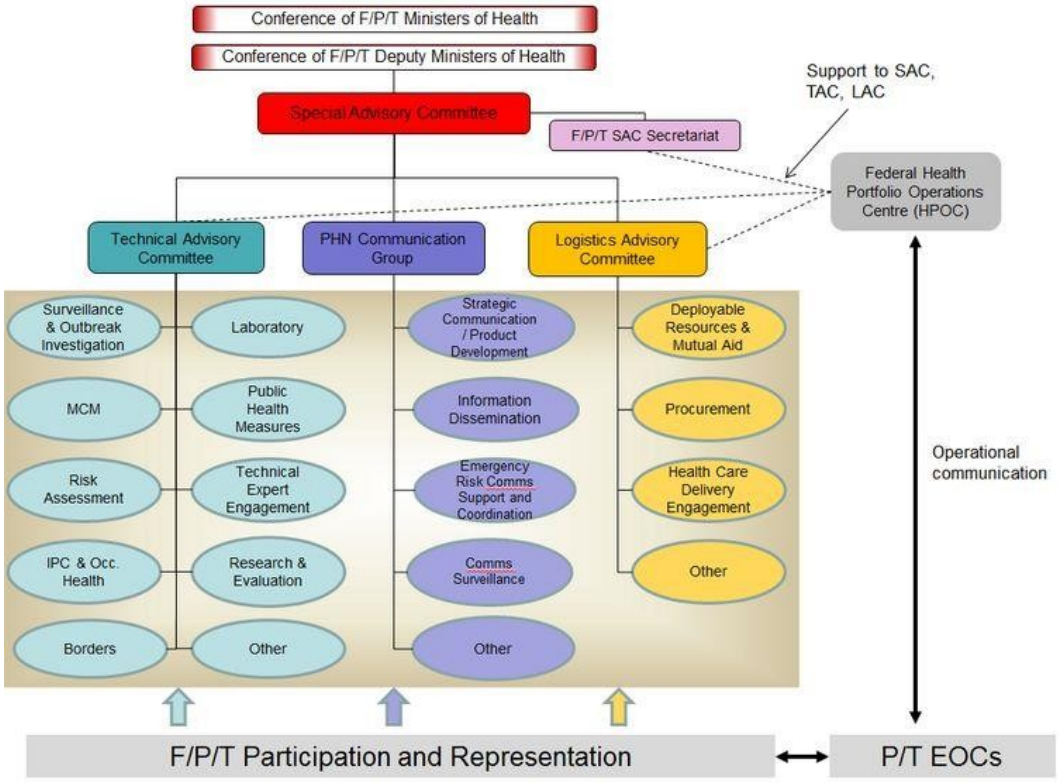
“Doing an unlawful act or failing to discharge a legal duty that endangers the lives, safety, or health of the public.”

Criminal Code s.122: Breach of Trust by a Public Officer

Applies if AHS or ministers acted with knowledge of harm or conflict of interest.

III. Key Evidence from the January 2025 Alberta Task Force Report

Figure: Extract from Task Force Report – Page 23



This governance diagram from page 23 shows Alberta's Emergency Management structure. It highlights how Cabinet committees such as EMCC

and PICC seized control, bypassing legal pandemic protocols. This centralization of power is central to the 'ultra vires' ruling in Ingram v Alberta

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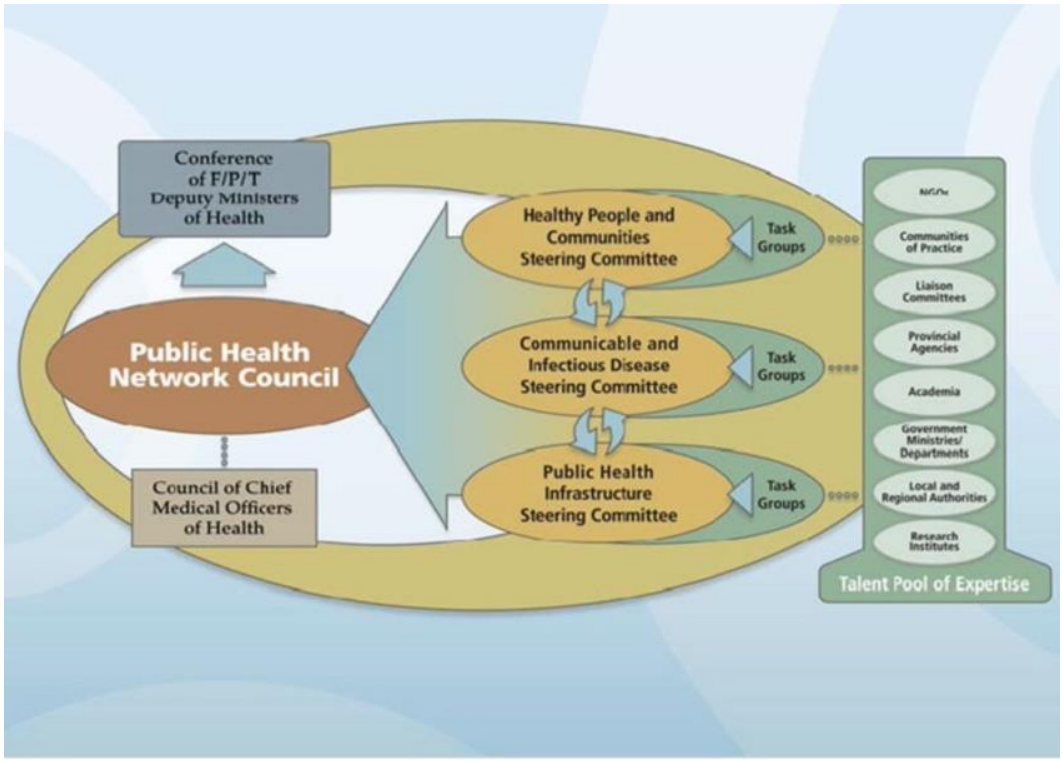
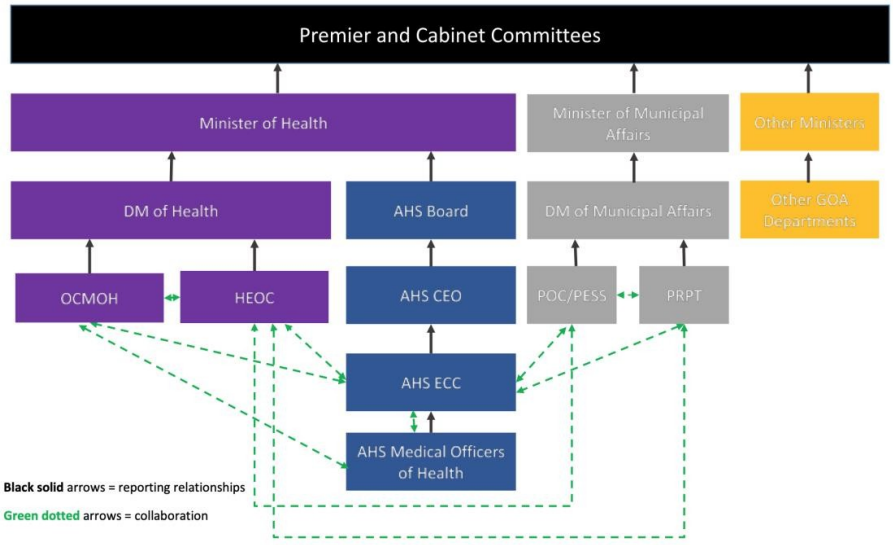
Figure: Extract from Task Force Report – Page 24



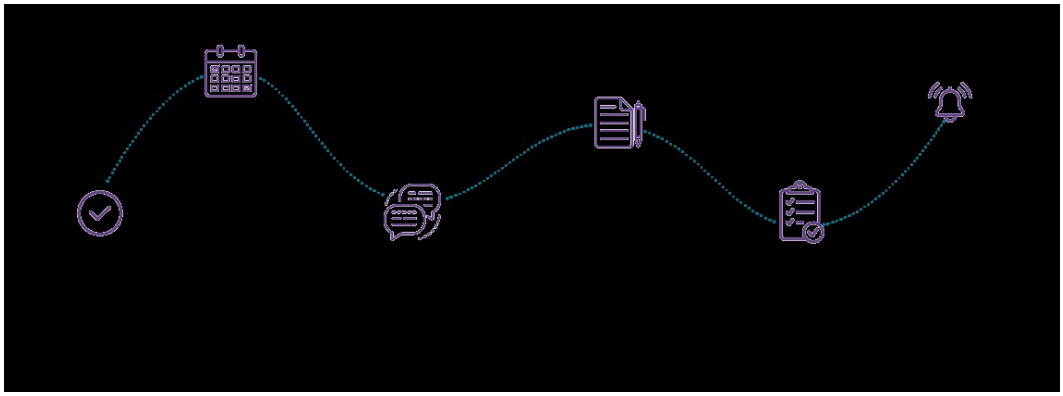
Page 24 details intergovernmental flow of information. It demonstrates how Alberta deferred to WHO and PHAC guidance—abandoning its sovereign, evidence-based plan in favor of global uniformity.

Figure: Extract from Task Force Report – Page 26



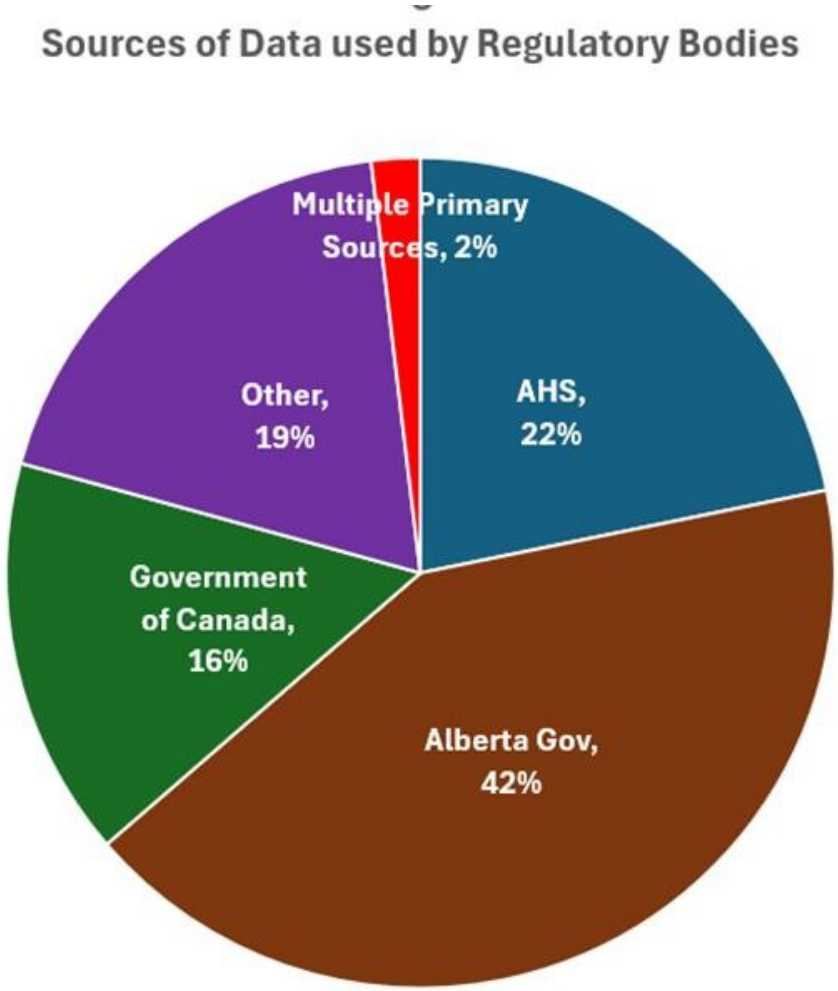
This image illustrates the structural overlap between Alberta Health, AHS, and the federal advisory networks. It supports claims that Alberta acted not as an autonomous province but as an operational extension of international policy.

Figure: Extract from Task Force Report – Page 48



The visual from page 48 reveals failures in testing oversight, including the expansion of nasopharyngeal swabs to non-medical professionals (via Ministerial Order 645/2020). This policy endangered public safety and violated health ethics.

Figure: Extract from Task Force Report – Page 62



This figure shows the timeline of COVID-19 decision-making authorities. It makes visually clear that Cabinet—not the CMOH—was the true decision-maker, confirming the legal conclusion of unlawful authority use.

IV. Factual and Legal Timeline of Criminal Conduct

- March 17, 2020: Jason Kenney's Cabinet invokes Public Health Emergency under Section 52.1 of the Alberta Public Health Act.

- 2020–2021: Lockdowns and mandates imposed; Alberta’s 2014 emergency plan abandoned without cause.
- October 29, 2020: Ministerial Order 645/2020 authorizes nasopharyngeal procedures by non-physicians without sufficient training, violating informed consent.
- 2021: Doctors raising concerns about vaccine harm and censorship are terminated.
- 2023: Ingram v Alberta (2023 ABKB 453) rules Cabinet, not the CMOH, issued public health orders—rendering them unlawful.
- January 2025: COVID-19 Task Force Report confirms unlawful governance, suppressed data, refusal to cooperate by AHS.
- April 2025: MLA Peter Guthrie resigns from UCP, citing a cover-up and sham investigation designed to suppress public outrage.

V. Conclusion and Recommendation

The compiled evidence supports the conclusion that Alberta's COVID-19 governance between 2020–2025 demonstrates a criminal pattern. The decisions made were not just flawed, they were knowingly unlawful, harmful, and concealed from the public. This dossier recommends the immediate opening of a formal judicial inquiry with powers of subpoena, witness protection, and criminal referral. Transparency is not optional, it is overdue.

VI. Additional Evidence of Criminal Intent (Mens Rea), Cover-Up, and Harm

1. Evidence of Mens Rea – Guilty Knowledge and Intent

- The January 2025 Task Force Report confirms that Alberta government officials were aware of alternate emergency protocols (2014 plan), available therapeutic alternatives, and evidence of harm from mandates.

- Pfizer’s own report (5.3.6 Cumulative Analysis) listed 1,223 deaths and 158,893 adverse events by February 2021. This was not disclosed to the public.

- The FDA's Emergency Use Authorization (Dec 2020) clearly states the mRNA product was authorized after a median 2-month follow-up with no long-term fertility, carcinogenicity, or autoimmune data.

- Alberta continued mandates, including for youth and pregnant women, after this information was known internally.

- The decision to suppress therapeutic alternatives (e.g., Ivermectin) and rely on coercion, despite documented global evidence of efficacy and safety, suggests a knowing preference for a singular pharmaceutical agenda.

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2. Evidence of Collusion and Systematic Cover-Up

- The Alberta COVID-19 Task Force Report explicitly notes that key officials at AHS refused to cooperate with investigators, and that records were denied under 'Cabinet confidence.'

- Premier Smith refused to launch a judicial inquiry despite the recommendations of internal reviewers and independent MLAs like Peter Guthrie.

- Instead, the government initiated a 'procurement-only' investigation with no subpoena power, no jurisdictional authority in Alberta, and no mandate to examine policy harms.

- The former CEO of AHS, Athana Mentzelopoulos, filed a $1.7M wrongful dismissal suit, alleging she was terminated for investigating procurement fraud—this overlaps directly with the Task Force's blocked evidence.

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3. Socioeconomic and Psychological Harm to Albertans

- Lockdowns and mandates caused business closures, increased suicide rates, and mass unemployment, especially in rural communities.

- Alberta's projected deficit ballooned to $5.4 billion under Premier Smith, partly due to pandemic-related expansions of the public health bureaucracy and Crown corporations.

- Excess mortality data from Statistics Canada (Nov 2023) shows spikes in non-COVID deaths post-vaccine rollout, suggesting underreported collateral damage.

- Social division and discrimination were institutionalized through vax passports, workplace segregation, and denial of public services to unvaccinated citizens.

- Children were masked, isolated, and subjected to digital surveillance during formative years, creating long-term developmental harm with no clear cost-benefit analysis.

These outcomes were not incidental, they were predictable, documented, and raised by experts at the time. The government's refusal to acknowledge, investigate, or reverse these harms shows deliberate negligence and calculated narrative control.

4.Verbal Evidence from Premier Jason Kenney (Radio Transcript, CHQR 770)

https://youtu.be/HQ9aHFzWOzY?si=gjix6kBXY9pn3NFx

Source: "A Conversation with Danielle Smith," Global News Radio, 2020

a. Health System Not Overwhelmed

> ***"We had set aside 2800 acute care hospital beds… we're down now to 1,000… 45 people in acute care beds, 5 in ICU." (Timestamp: 7:12–7:30)***

Significance: Despite media and government fear campaigns, Kenney confirms Alberta's hospital system was never critically strained. This undermines the legal basis for emergency powers and supports the Ingram v Alberta ruling that Cabinet acted outside lawful authority.

b. Emergency Powers Were Administrative, Not Medical

> ***"The main reason we brought in a public health emergency… was to give us the power to manage human resources in the healthcare system." (9:13–9:25)***

Significance: Kenney plainly admits the emergency declaration was enacted not for immediate medical necessity, but for bureaucratic control—an ultra vires act incompatible with public law.

c. Acknowledgment of Lockdown Harm

> ***"Suspend surgeries… block out thousands of hospital rooms… suspend hundreds of thousands of jobs…" (5:13–5:19)***

Significance: This constitutes a confession of deliberate, harmful public policy. The Premier describes catastrophic social damage resulting from government orders, which

lacked scientific justification and directly violated Section 7 Charter protections.

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d. Data Manipulation and Viral Load Irregularities

> ***"Swabs… show a viral load in quantitative terms… absolutely infant [small] compared to the ones carried out a month ago…" (10:10–10:16)***

Significance: Kenney admits wide variability in viral detection—highlighting the unreliability of test metrics. This further reinforces the need to investigate Ct values and expose the use of high-cycle PCR amplification thresholds (often >35) to inflate case counts.

Section V: State-Enforced Remdesivir Protocols – Mandated Harm with Known Risk

Remdesivir (Veklury), an antiviral developed by Gilead Sciences, was approved for emergency use by Health Canada and the FDA during the COVID-19 pandemic. Despite mounting global evidence of its toxicity and ineffectiveness, Alberta Health Services (AHS) adopted and enforced Remdesivir as part of its standard treatment protocol for hospitalized COVID-19 patients.

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1. Protocol Enforcement by AHS

AHS included Remdesivir in both inpatient and outpatient COVID-19 treatment protocols. The inpatient order set specified:

- 200 mg IV on day 1

- 100 mg IV daily on days 2–5

This was mandated for patients with COVID pneumonia and even high-risk immunocompromised individuals, including those with renal impairment, despite known contraindications.

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2. Documented Harm and Global Warnings

- The WHO’s Solidarity Trial (2020) found no mortality benefit, reduction in ventilation, or shorter hospital stay.

- Studies in *Kidney360* and pharmacovigilance databases linked Remdesivir to acute kidney injury (AKI).

- Liver enzyme elevations and hepatotoxicity have been widely reported.

- Gilead itself states that Remdesivir should not be used in patients with eGFR <30 mL/min, yet AHS protocols approved it for such populations.

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3. Withholding of Safer Alternatives

At the same time AHS was enforcing Remdesivir, it actively banned or discouraged access to early treatments like Ivermectin, Budesonide, and Hydroxychloroquine. Physicians who advocated for outpatient care or therapeutic alternatives were censored or punished.

This left patients in a coercive system: no early treatment, and only one government-approved hospital pathway, one with known risks and negligible benefit.

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4. Legal and Ethical Framing

This is not a treatment debate, it is an indictment of state-mandated harm. The continued use of Remdesivir, despite warnings, represents criminal negligence and medical coercion. Patients were placed on a drug protocol that may have accelerated decline, without proper disclosure, consent, or recourse.

This constitutes a systemic violation of medical ethics, the Criminal Code, and Alberta's fiduciary obligations to its citizens

References

WHO Solidarity Trial (2020): “Remdesivir had little or no effect on mortality, need for mechanical ventilation, or duration of hospital stay.”

BMJ (Nov 2020) editorial called its approval “premature and politicized,” criticizing Gilead’s study structure.

Lancet (Wang et al., 2020) trial in China: no statistically significant improvement in outcomes.

Section VI: Biologically Hazardous Mandates – Swabs, Masks, and Rapid Tests

This section documents the state-enforced use of biologically hazardous materials, namely PCR swabs, rapid antigen test kits, and disposable face masks, mandated without disclosure, consent, or proper risk evaluation. These actions constitute a clear violation of the precautionary principle, informed consent doctrine, and criminal codes pertaining to public safety and medical ethics.

1. Nasopharyngeal Swabs – Ethylene Oxide Exposure

- Ethylene oxide (EO), a sterilizing agent used on many nasopharyngeal swabs, is listed by the European Chemicals Agency and FDA as a Class 1 carcinogen.

- Prolonged or repeated exposure to EO through mucosal tissue (via deep nasal swabbing) may pose cancer and neurological risks.

- Despite this, AHS mandated repeated swabbing—often conducted by non-medical personnel—without informed consent or disclosure.

- No official alternatives were offered, and dissenting voices were punished.

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2. Rapid Antigen Tests – Toxic Preservatives

- Health Canada issued warnings about RAT kits containing sodium azide, a toxic preservative harmful even in small doses.

- Some kits lacked safety data sheets (SDS), and were distributed en masse to schools, businesses, and homes without instruction or warnings.

- Cases of skin irritation, eye contact injury, and ingestion risk were documented.

- Use was mandatory in many Alberta institutions, with no exemptions honored.

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3. Disposable Masks – Graphene and Microplastics

- Health Canada recalled specific imported masks due to the presence of graphene—a nanomaterial linked to pulmonary toxicity in animals.

- Independent lab studies found microplastics and metal fibers in common disposable masks, raising inhalation concerns.

- Mask mandates in Alberta applied to children, pregnant women, and the immunocompromised, often for hours at a time.

- No risk disclosures were provided, and exemptions were stigmatized or denied.

4. Visual Hazard Identification – WHMIS/Global Harmonized System (GHS) Context

To fully convey the severity of the biological and chemical risks enforced through public mandates, the following hazard classifications are applicable under WHMIS/GHS standards:

Ethylene Oxide (used on swabs):

Health Hazard (carcinogenicity, mutagenicity, reproductive toxicity)

Flame (flammable gas)

Classification: Class 1 Carcinogen (IARC, FDA, ECHA)

Sodium Azide (found in rapid tests):

Skull and Crossbones (acute toxicity)

Classification: Fatal if swallowed or in contact with skin; toxic to aquatic life

Graphene & Microplastics (masks)

Health Hazard (respiratory sensitizer, specific organ toxicity)

Significance:

Despite bearing known toxicological classifications, these substances were deployed without informed consent or hazard disclosure, violating Canada's Workplace Hazardous Materials Information System (WHMIS), the Precautionary Principle, and fundamental bioethics. The failure to label or warn mirrors systemic negligence seen in occupational safety cases, yet was normalized for children and the general population.

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4. Legal and Ethical Framing

- These actions represent systemic violations of:

  - Criminal Code s.180(1): Common nuisance

  - Criminal Code s.216: Duty of disclosure by medical authorities

  - Criminal Code s.221: Causing bodily harm by criminal negligence

- The government and health authorities exposed the public to material harm with foreknowledge and without recourse, constituting willful misconduct and state-enforced endangerment.

FINAL SYNOPSIS – THE ALBERTA COVID-19 CRIMINAL DOSSIER

I. SUMMARY OF CRIMES COMMITTED

The Alberta COVID-19 response, as evidenced by official reports, internal directives, judicial rulings, and medical protocols, reveals a coordinated pattern of criminal governance.

The actions of Alberta’s Executive Council, Alberta Health Services (AHS), and various Ministers, under both Premier Jason Kenney and Premier Danielle Smith, constitute a deliberate, unlawful, and harmful operation that violated multiple provisions of the Criminal

Code, the Alberta Public Health Act, and the Canadian Charter of Rights and Freedoms.

II. KEY CRIMINAL ELEMENTS IDENTIFIED

1. Criminal Negligence Causing Bodily Harm and Death (Criminal Code s.219–221)

The government knowingly mandated protocols (e.g., Remdesivir treatment, denial of early care) that resulted in preventable harm. Officials ignored published warnings and adverse event data (e.g., Pfizer 5.3.6 report, WHO Remdesivir retraction), leading to hospitalizations, injuries, and deaths.

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2. Abuse of Public Office and Breach of Trust (Criminal Code s.122)

By enacting unlawful mandates and hiding critical data (e.g., PCR Ct thresholds, internal vaccine harm reports), Ministers and public officers violated the public trust. This includes knowingly misleading the public on the safety and necessity of mandates, and suppressing lawful dissent.

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3. Obstruction of Justice (Criminal Code s.139)

The Alberta government denied access to the COVID-19 Task Force Review team, blocked evidence via 'Cabinet Confidence,' and strategically terminated whistleblowers within AHS (e.g., Mentzelopoulos lawsuit) to prevent exposure of systemic wrongdoing.

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4. Common Nuisance and Public Endangerment (Criminal Code s.180)

Mandating the use of biologically hazardous materials—such as EO-coated PCR swabs, sodium azide in test kits, and graphene-based masks—without consent or safety disclosure constitutes a public health hazard implemented under state force.

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5. Violation of Informed Consent and Medical Ethics (Criminal Code s.216, Charter s.7)

Albertans were subjected to experimental medical products and coercive mandates (e.g., mRNA vaccines, forced testing, mask protocols) without full disclosure or lawful alternatives. This breaches the doctrine of informed consent and violates Section 7 of the Charter: Life, Liberty, and Security of the Person.

III. NAMED PARTIES & LIABILITY

- Premier Jason Kenney – initiated unlawful Cabinet governance of public health policy (Ingram v Alberta, 2023 ABKB 453)

- Premier Danielle Smith – continued coverup; refused judicial inquiry despite documented failures

- Minister Tyler Shandro (Health, Justice) – enforced Ministerial Orders enabling non-medical swabbing

- Dr. Deena Hinshaw – Chief Medical Officer of Health; failed to act lawfully under delegated duty

- AHS Executive Board – enforced coercive care protocols (Remdesivir), suppressed dissent, denied transparency

- COVID-19 Cabinet Committees (EMCC, PICC) – unlawfully issued public health directives in breach of delegated legal authority

- SAG (Scientific Advisory Group) – promoted biased literature, ignored early treatment science, upheld vaccine-only narrative

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IV. WHY THIS MATTERS – LEGAL AND LAWFUL SIGNIFICANCE

This dossier reveals that the Alberta government abandoned lawful emergency response procedures in favor of a federalized, pharmaceutical, and coercive model. It failed to protect vulnerable populations, imposed mass harm, suppressed lawful dissent, and denied informed consent. The legal violations are not hypothetical, they are grounded in existing Canadian criminal statutes, case law, and bioethical principles. Failure to address this constitutes further dereliction of duty. Every citizen has a right to lawful governance, and every official is bound by constitutional, statutory, and ethical limits. This dossier is not a theory, it is a documented indictment. It is presented for judicial consideration, legislative inquiry, public awareness, and historical

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REFERENCES & EVIDENCE INDEX – Alberta COVID-19 Criminal Dossier

I. Judicial Precedent

• Ingram v Alberta (2023 ABKB 453) – Court ruling confirming that public health orders were unlawfully issued by Cabinet, not the Chief Medical Officer.

II. Criminal Code Citations

• Criminal Code s.219–221 – Criminal Negligence Causing Bodily Harm or Death

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• Criminal Code s.122 – Breach of Trust by Public Officer

• Criminal Code s.139 – Obstruction of Justice

• Criminal Code s.180 – Common Nuisance

• Criminal Code s.216 – Duty of Medical Disclosure

III. Charter of Rights and Freedoms

• Section 7 – Right to Life, Liberty, and Security of the Person – violated through coercive mandates and denial of informed consent.

IV. Named Officials and Institutions

• Premier Jason Kenney – Originated unlawful Cabinet control of public health policy

• Premier Danielle Smith – Continued suppression of evidence, denied inquiry

• Minister Tyler Shandro – Enforced unlawful Ministerial Orders for medical procedures

• Dr. Deena Hinshaw – Failed statutory obligations under delegated authority

• AHS Executive Board – Enforced dangerous protocols and suppressed dissent

• EMCC/PICC Cabinet Committees – Issued mandates in breach of legal authority

• SAG (Scientific Advisory Group) – Promoted biased science, suppressed early treatments

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V. Institutional and Scientific Sources

• Pfizer 5.3.6 Post-Authorization Adverse Event Report – Lists 1,223 deaths and 158,893 adverse events by Feb 2021

• WHO – Withdrew Remdesivir from treatment guidance due to lack of benefit

• FDA EUA – Approved mRNA vaccines with only 2 months of safety data

• PCR Ct Thresholds – Artificially inflated up to 42, inflating false case counts

• Ministerial Order 645/2020 – Authorized non-medical staff to perform swabs

• Health Canada – Warnings on ethylene oxide, sodium azide, and graphene-based masks

• Mentzelopoulos Lawsuit – AHS whistleblower alleging wrongful termination for investigating fraud

• COVID-19 Task Force Final Report (Jan 2025) – Found failures to protect high-risk populations and refusal of AHS to cooperate